

October 29, 2009

Honorable Robert C. Gerber  
United States Bankruptcy Judge  
Southern District of New York - Room 6021  
One Bowling Green  
New York, New York 10004

I Sheryl J. Carter reside at  
1541 LaSalle Ave #4, Niagara Falls, New York  
14301. My numbers are (937) 302-8072 & (716)  
282-3604

I received documents from The American  
City Group, Inc - Am. Motor Liquidation  
Company - P.O. Box 9386, Dublin, Ohio  
43017-0386 on Chapter 11 case no 09-50026  
(Ran). A copy of cover enclosed.

I am objecting - disagree with all  
plans. I continue to have to file these  
objections over and over. No one can  
tell me any information. I filed out that  
of claims (and sent certified mail with  
Green Court signature, return. Can someone  
Attorneys, United States Bankruptcy Court  
give me more details.

Sincerely  
Sheryl J. Carter

HEARING DATE AND TIME: November 12, 2009 at 2:00 p.m. (Eastern Time)  
OBJECTION DEADLINE: November 6, 2009 at 4:00 p.m. (Eastern Time)

Harvey R. Miller  
Stephen Karotkin  
Joseph H. Smolinsky  
WEIL, GOTSHAL & MANGES LLP  
767 Fifth Avenue  
New York, New York 10153  
Telephone: (212) 310-8000  
Facsimile: (212) 310-8007

Attorneys for Debtors  
and Debtors in Possession

**UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK**

In re

**MOTORS LIQUIDATION COMPANY, *et al.*,  
f/k/a General Motors Corp., *et al.***

**Debtors.**

Chapter 11 Case No.

09-50026 (REG)

(Jointly Administered)

**NOTICE OF HEARING ON DEBTORS' MOTION  
PURSUANT TO SECTIONS 363(b) AND 105 OF THE  
BANKRUPTCY CODE AND BANKRUPTCY RULE 9010(a) FOR  
APPROVAL OF SETTLEMENT AGREEMENT WITH CERTAIN LABOR UNIONS**

PLEASE TAKE NOTICE that upon the annexed Motion, dated October 14, 2009 (the "**Motion**"), of Motors Liquidation Company (f/k/a General Motors Corporation) and its affiliated debtors, as debtors (the "**Debtors**"), for an order, pursuant to sections 363(b) and 105 of title 11, United States Code and Rule 9019(a) of the Federal Rules of Bankruptcy Procedure, approving that certain Settlement Agreement Between and Among GMCo/MLC-IUE-CWA and USW Regarding Retiree Health Care, Life Insurance, Pension Top-Up, and Modification and GMCO Assumption of MLC-IUE-CWA CBA, a copy of which is annexed to the Motion as Exhibit A (the "**Settlement Agreement**"), and authorizing the Debtors to perform all of their obligations thereunder, all as more fully set forth in the Motion, a hearing will be held before the

The Garden City Group, Inc.  
Attn: Motors Liquidation Company  
P.O. Box 9386  
Dublin, Ohio 43017-4286

Presort  
First Class  
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Permit No.

**Return Service Requested**



APS0722471327

SHARYL Y CARTER  
1541 LA SALLE AVE 1  
NIAGARA FALLS, NV 14301



Rec 10/19/09

<b>United States Bankruptcy Court Southern District Of New York</b>		<b>PROOF OF CLAIM</b>
Name of Debtor <u>General Motors Corporation</u>		Case Number <u>09-50026 (REB)</u>
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property) <u>Sharyl Y. Carter</u>		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.  <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
Name and Address where notices should be sent <u>Sharyl Y. Carter</u> <u>92 Woodley Lane E</u> <u>Rayton Ohio 45415</u> (937) 261-7427		
Telephone Number <u>(937) 742-7054 - 322-8072</u>		This Space For Court Use Only
Last four digits of account or other number by which creditor identifies debtor: <u>9353</u>		<input type="checkbox"/> Check here if this claim replaces a previously filed claim dated: _____ <input type="checkbox"/> Check here if this claim amends a previously filed claim dated: _____
<b>1. Basis for Claim</b> <input type="checkbox"/> Goods Sold / Services Performed <input type="checkbox"/> Customer Claim <input type="checkbox"/> Taxes <input type="checkbox"/> Money Loaned <input type="checkbox"/> Personal Injury <input type="checkbox"/> Other _____		
<b>2. Date debt was incurred:</b> <u>UNKNOWN</u> <b>3. If court judgment, date obtained:</b> <u>JUNE 3, 2009</u>		
<b>4. Classification of Claim.</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.		
<b>Unsecured Nonpriority Claim \$</b> <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		
<b>Unsecured Priority Claim.</b> <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).		
<b>Secured Claim.</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: _____ <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		
<b>5. Total Amount of Claim at Time Case Filed: \$</b> (Unsecured) _____ (Secured) _____ (Priority) _____ (Total) _____ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
<b>6. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. <b>7. Supporting Documents:</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. <b>8. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
Date <u>JUNE 16, 2009</u>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any). <u>Sharyl Y. Carter</u>	
Penalty for presenting fraudulent claim: Fine up to \$5,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 357.		

AP50534536640

## UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

## PROOF OF CLAIM

Name of Debtor (Check Only One):

- ☒ Motors Liquidation Company (f.k.a. General Motors Corporation)  
☐ MLC'S, LLC (f.k.a. Saturn, LLC)  
☐ MLC'S Distribution Corporation (f.k.a. Saturn Distribution Corporation)  
☐ MLC of Harlem, Inc. (f.k.a. Chevrolet-Saturn of Harlem, Inc.)

Case No. DA-50026 (REG)  
 09-50026 (REG)  
 09-50027 (REG)  
 09-50028 (REG)  
 09-13558 (REG)

Your Claim is Scheduled As Follows:

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case, but may be used for purposes of asserting a claim under 11 U.S.C. § 503(b)(9) (see Item # 5). All other requests for payment of an administrative expense should be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (the person or other entity to whom the debtor owes money or property): SHARYL Y CARTER

Name and address where notices should be sent:

SHARYL Y CARTER  
 1541 LASALLE AVE #1  
 NIAGRA FALLS NY 14301-1227

☐ Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: DA-50026  
 (If known)

Filed on: \_\_\_\_\_

Telephone number: (910) 367-3672 + (716) 367-3624

Email Address: \_\_\_\_\_

Name and address where payment should be sent (if different from above):

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check this box if you are the debtor or trustee in this case.

Telephone number: \_\_\_\_\_

1. Amount of Claim as of Date Case Filed, June 1, 2009: \$ UNKNOWN

If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. If all or part of your claim is asserted pursuant to 11 U.S.C. § 503(b)(9), complete item 5.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.

2. Basis for Claim: UNKNOWN

(See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: 4355

3a. Debtor may have scheduled account as: \_\_\_\_\_

(See instruction #3a on reverse side.)

4. Secured Claim (See instruction #4 on reverse side.)

Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Equipment ☒ Other

Describe:

Value of Property: \$ \_\_\_\_\_ Annual Interest Rate: \_\_\_\_\_ %

Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ \_\_\_\_\_

Basis for perfection: \_\_\_\_\_

Amount of Secured Claim: \$ \_\_\_\_\_ Amount Unsecured: \$ \_\_\_\_\_

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain in an attachment. Attorney/Debtors have documents

5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

Specify the priority of the claim.

☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

☐ Wages, salaries, or commissions (up to \$10,950\*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).

☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).

☐ Up to \$2,425\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).

☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).

☐ Value of goods received by the Debtor within 20 days before the date of commencement of the case - 11 U.S.C. § 503(b)(9) & 507(a)(2)  
 \* Other Specify applicable paragraph of 11 U.S.C. § 507(a)(...).

Amount entitled to priority:

UNKNOWN

\*Amounts are subject to adjustment on 4/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

Date: 11/6/09

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

Sharyl Y. Carter

FOR COURT USE ONLY

7008 1830 0002 1394 9579

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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(Domestic Mail Only; No Insurance Coverage Provided)For delivery information visit our website at [www.usps.com](http://www.usps.com)

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Certified Fee

Return Receipt Fee  
(Endorsement Required)Restricted Delivery Fee  
(Endorsement Required)

Total Postage &amp; Fees \$

Postmark  
Here

Sent to *Honorable Robert E. George*  
*United States Bankruptcy Judge Southern Dist NY*  
 Street, Apt. No. *ONE Bowling Green*  
 or PO Box No.  
 City, State, ZIP+4 *New York, New York 10004*

PS Form 3800, August 2006

See Reverse for Instructions

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

*Honorable Robert E. George*  
*United States Bankruptcy Judge*  
*Southern District of NY - Rm 621*  
*ONE Bowling Green*  
*New York, New York*  
*10004*

2. Article Number

(Transfer from service label)

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

*The Garden City Group, Inc*  
*Hwy. Motors Regulation Company*  
*P.O. Box 9386*  
*Lakewood, Ohio 43017-4286*

2. Article Number

(Transfer from service label)

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**